

United States District Court

for the
Southern District of Indiana

K.C., *et al.*

Plaintiffs,

vs.

THE INDIVIDUAL MEMBERS OF THE
INDIANA MEDICAL LICENSING BOARD,
et al.

Defendants.

Cause No: 1:23-cv-595 JPH-KMB

SUMMONS IN A CIVIL ACTION

TO: Secretary
Indiana Family and Social Services Administration
402 W. Washington St.
MS 25 W461
IGCS
Indianapolis, IN 46207

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactar
ACLU of Indiana
1031 E. Washington St.
Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023

CLERK OF COURT, Roger A.G. Horne
BY: *Daniel B. Falk*
DEPUTY CLERK
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA

Civil Summons (Page 2)

Civil Action Number: 1:23-cv-595**PROOF OF SERVICE***(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* SECRETARY
INDIANA FAMILY AND SOCIAL SERVICES
ADMINISTRATION
 was received by me on *(date)* 4/6/23.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: CM PRR

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

4/12/23

Ann D'Angelo
 ANN D'ANGELO
 LITIGATION SUPPORT MGR

ACLU of Indiana
 1031 East Washington St.
 Indianapolis, IN 46202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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Secretary
 Indiana Family and Social Services
 Administration
 402 W. Washington Street, Room W-461
 Indianapolis, IN 46204



9590 9402 7395 2055 6222 46

2. Article Number (Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)**C. Date of Delivery**

- D. Is delivery address different from item 1?** ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

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☐ Insured Mail Restricted Delivery (over \$500)
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☐ Signature Confirmation Restricted Delivery

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